



DIABETES IN JASPER COUNTY

SC Department of Health and Environmental Control

◆ Diabetes Control Program ◆ Chronic Disease Epidemiology Branch
Diabetes Initiative of South Carolina

Diabetes mellitus, a chronic disease characterized by elevated blood sugar levels, is a significant contributor to morbidity and mortality in South Carolina and throughout the United States. Diabetes can cause debilitating and costly complications such as blindness, renal failure, lower extremity amputations, and cardiovascular disease. Much of the health and economic burden of diabetes can be averted through known prevention measures.

In 1998, 5.7 percent of South Carolina adults, equivalent to approximately 163,000 adults, reported having been diagnosed with diabetes. Diabetes was the sixth leading cause of death in South Carolina claiming 1,029 lives in 1997 and contributing to another 3,014 deaths. This report presents the burden of diabetes in Jasper county.

Behavioral Risk Factors

Table 1 displays the prevalence of major behavioral risk factors for diabetes and its complications in Jasper county and SC in 1998.

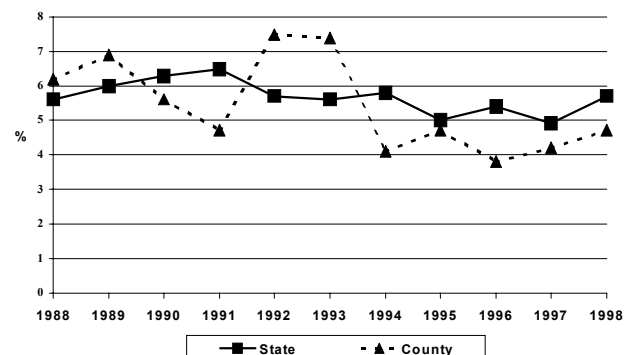
Table 1. Prevalence (%) of
Behavioral Risk Factors for Diabetes

	Jasper County	SC
Overweight	53.0	52.3
Current Smokers	22.2	24.7
Physical Inactivity	59.1	61.6
Consuming fruits and vegetables less than 5-A-Day	76.8	78.2
High Cholesterol (1997)	23.5	24.4
Hypertension (1997)	26.1	26.7

Prevalence

In 1998, there were approximately 575 adults (4.7%) aged 18 and older living in Jasper county who have been told by a doctor some time in their life that they have diabetes (Figure 1).

Figure 2. Prevalence of Self-Reported
Diabetes among Adults, Jasper, 1988-1998



Morbidity and Complications

In 1997, there were 27 hospital discharges with diabetes as the primary diagnosis among Jasper county residents. During the same year, there was an additional 188 hospital discharges with diabetes-related condition. African-Americans had more hospitalizations for diabetes than whites: 22 (81%) for diabetes as the primary diagnosis, and 132 (70%) hospitalizations for diabetes as a related condition.

In 1997, hospital charges for hospitalizations of Jasper county residents having diabetes as primary diagnosis were up to \$134,869 and \$1.3 million for diabetes as a related condition. The total length of

hospital stay for diabetes as the primary diagnosis was 168 days.

Jasper county patients with diabetes who had diabetes-related complications in 1997 included:

- 14 (6.6%) with renal manifestations;
- 6 (2.8%) with lower extremity amputations related to diabetes;
- 2 (.9%) with diabetic ketoacidosis;
- 4 (1.9%) with renal failure;
- 3 (1.4%) with dialysis.

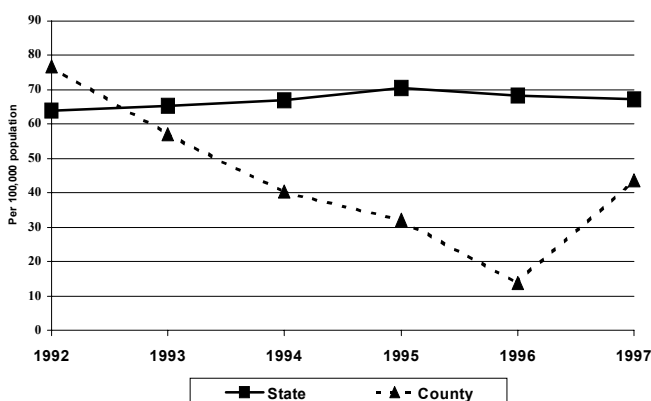
Adults with diabetes are at increased risk of developing cardiovascular disease. Out of 209 hospitalizations for patients with diabetes, 162 (77%) had cardiovascular diseases, and 15 (7.1%) had stroke.

In 1997, there were 24 emergency room (ER) visits for diabetes as the primary diagnosis, among which 21 (87%) were for African-American patients. In addition, there were 127 ER visits for diabetes as a related condition. Total ER charges for diabetes as the primary diagnosis was \$12,972.

Mortality

In 1997, diabetes was listed as the underlying cause of death for 6 residents of Jasper county. This is an age-standardized mortality rate of 33 per 100,000 population, close to the state average of 39.2 per 100,000 population (Figure 2). Diabetes was listed as a contributing cause in 8 deaths in Jasper county; a standardized mortality rate of 43.6 per 100,000 population.

Figure 2. Age-Adjusted Mortality Rate of Diabetes, Jasper, 1992-1997



A total of 68 potential years of life were lost in 1997 because people died prematurely from diabetes. Diabetes mortality in Jasper county follows the national pattern of diabetic mortality that African-Americans have higher mortality rates than whites. African-American men had the highest standardized mortality (96 per 100,000 population) among all race-sex groups.

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